

Effective July 23, 2016

<b>ACA AFFORDABLE PLAN*</b>			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$398.13	\$718.23	\$998.49
EDC Admin Fee	\$8.20	\$16.40	\$24.61
Total	\$406.33	\$734.63	\$1,023.10
Employer	\$361.56	\$361.56	\$361.56
<b>Employee</b>	<b>\$44.77</b>	<b>\$373.07</b>	<b>\$661.54</b>

**THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.**

*\*THIS PLAN MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*